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## APPLICANTS

Renyuan Bai, Baltimore, MD;  
Markus Huembelin, Basel, SWITZERLAND;  
Martin Lehmann, Grenzach-Wyhlen, GERMANY;  
Rual Lopez-Ulibarri, Sisseln, SWITZERLAND;  
Markus Wyss, Liestal, SWITZERLAND;

## \*\* CONTINUING DATA \*\*\*\*\*

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	4	20	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

Stephen M Haracz  
Bryan Cave  
1290 Avenue of the Americas  
New York, NY10104

## TITLE

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